

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY — DIVISION OF PENSIONS AND BENEFITS
BENEFICIARY SERVICES
PO BOX 295
TRENTON, NJ 08625-0295

BENEFICIARY FEDERAL TAX WITHHOLDING CERTIFICATE

- ☐ Teachers' Pension and Annuity Fund ☐ Public Employees' Retirement System
- ☐ Police and Firemen's Retirement System ☐ State Police Retirement System

Full Name of Deceased _____ Membership # _____

INSTRUCTIONS: Federal Income Tax Regulations require that there be tax withheld from all lump-sum distributions in a retirement program. This is based on our understanding of the current regulations. Under no condition should it be considered a substitute for advice from the IRS or a tax advisor. You are required to complete and return this form otherwise the minimum tax will be withheld.

1. Check Box A if you do **NOT WANT** any Federal Income tax withheld from the settlement.
2. Check Box B if you **WANT** to have withholding apply. If you check B, you must also indicate the amount.
3. Even if you elect to have Federal Income tax withheld, you may be liable for payment of Federal Income tax on the taxable portion of the settlement. You also may be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate.

PLEASE CHECK A OR B:

- A. ☐ I do **NOT WANT** to have Federal Income tax withheld from the taxable portion of the settlement.
- B. ☐ I **WANT** to have Federal Income tax withheld from the taxable portion of the settlement.

The amount to be withheld is \$ _____.

Beneficiary's Name (Please Print)

Beneficiary's Signature

Beneficiary's SS # _____ - _____ - _____

Daytime Phone Number (_____) _____
Area Code

Beneficiary's Home Address (Number and Street or Rural Route)

(City or Town, State, and Zip Code)

Date: _____